			2	The common
				V ?
PLACE OF BIRTH	ARIZONA ST	TATE BOARD OF H	EALTH	
1. County of Mela				
District of Sear Laslos	BUREAU OF VITAL STATIST	ICS State Index No	, 184	
rown of	ORIGINAL CERTIFICATE OF I	BIRTH County Registr	rar No	
or		Local Registra	r No	
City of	No	St., oital or institution, give its NAM	E instead of street an	Ward d number)
Full name of child dustin	a Toporales	(11)	child is not yet nam applemental report, as	ied, make
Sex of Child To be answered ONLY	4. Twin, triplet or other	egitimate? 7. Date	J 31	26
Male in event of plural births.	5. No., in order of birth	of birth		Year .
PATHER	14.	MOTHER		2015 1823 1824 1824
Juli name Bonis Jako	ales Full main	Jen name Treda	Rice	
Residence	O O 15 Reside	ence place of abode)	u Carl	J.
(Usual place of abode)	The second of th	resident, give place and sta	ite.	- dez 3
If non-resident, give place and state.	16 Color			
O. Color or race		0		
/ Viction 11. Age at last	birthday 46 (Years) 4/4	Medicare 17. Age at	last birthday 31	(Years)
27 Birthplace (city or place Sace	alas Reservat 18. Birth	place (city or place) Sacc	- Kaslar O	Kes
(State or country)	<i>1</i>	r country)		Loin &
_	7 19. Occup	oation	- /	
13. Occupation Nature of industry	<i>. 0</i>	of industry	wifes	5
			<u> </u>	No.
20. Number of children of this mother	(a) Born alive and now living	21. Were precautions thalmis neonatoru	aken against oph-	Š
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead O (c) Stillborn O		no/	<u> </u>
CARDO CARROLLA CARROL	TIFICATE OF ATTENDING PHYSICIA	N OR MIDWIFE*	m, on the date ab	
I hereby certify that I attended the birth of	this child, who was (Born alive or		m. on the date at	ove stated
* When there was no attending physician or midwife, then the father, householder,	Signature	KN Daco	Physician or midwife)	
etc., should make this return. A stillborn child is one that neither breathes nor	Jan Carla	skan		
shows other evidence of life after birth.	,	0 0	Val.	
Given name added from	Filed	., 19	Jacoga	egistrar.
a supplemental report			LOCALIA	-10 12
a supplemental report Month, day, year	Filed	., 19	County R	